

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044338

10925

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION INROUTE FIRMIN DESLOGE HOSP.

Inside Limits
☐ Yes ☐ No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)
5450 GRESHAM AVE

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First JOHN

Middle

Last HEA

4. DATE
OF DEATH

Month

Day

Year

NOV 10 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

JAN 25 1903

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BEER BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY

FALSTAFF BREWERY

11. BIRTHPLACE (City and state or country)

AUSTRIA

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

MICHAEL HEA

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

ROSE HEA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

ROSE HEA 5450 GRESHAM AVE

18. CAUSE OF DEATH (Enter only one cause per line if PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

DUE TO (b)

first Myocardial Infarct

Nov 1960

DUE TO (c)

Arteriosclerosis of Coronary Arteries

5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.1

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1960

to

1962

and last saw him alive on

Sept 22 1962

Death occurred at

6:30 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arch M. Ahern, M.D.

22b. ADDRESS

3915 Watson Rd

22c. DATE SIGNED

12 Nov 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

NOV 14 1962

23c. NAME OF CEMETERY OR CREMATORY

NEW ST. MARCUS CEM.

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Kutis 2906 Gravois

25. DATE RECD. BY LOCAL REG.

NOV 13 1962

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

OK.
Paul J. Ahern
Sept 16 1962
Conditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

Dr. Alton
3915 Watson Rd.

M17-4221

130-500 Monday

9-11³⁰
12-5⁰⁰ } Bur

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address 2906 Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Noted by
Provost